

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9460

CERTIFICATE OF DEATH

Reg. Dist. No. 09455

1. PLACE OF DEATH a. COUNTY QUEEN ANNE'S MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND b. COUNTY QUEEN ANNE'S	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CENTREVILLE	c. LENGTH OF STAY IN 1b 50 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CENTREVILLE	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or print)	First Ralph	Middle CALLAWAY	Last BAYNARD	4. DATE OF DEATH August 11	Month	Day	Year 1958
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S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH July 11, 1887	9. AGE (In years lost birthday) 71	IF UNDER 1 YEAR 71	IF UNDER 24 HRS. 71
		WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	Yrs.	Months	Days
					Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER	11. BIRTHPLACE (State or foreign country) FARMINGTON, DELAWARE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Robert Emmett Baynard	14. MOTHER'S MAIDEN NAME Laura Bell Callaway	Address
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 220-34-9641	17. INFORMANT RISDON E. BAYNARD, QUEENSTOWN, MARYLAND
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 430.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)	Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
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20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.	20d. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) CENTREVILLE	(County) MARYLAND	(State) MARYLAND
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21. I certify that I attended the deceased from Aug. 11, 1958 to Aug. 11, 1958 , that I last saw the deceased alive on Aug. 11, 1958 , and that death occurred at CENTREVILLE, MARYLAND , from the causes and on the date stated above.	ADDRESS (Street, city or town, state) CENTREVILLE, MARYLAND	DATE SIGNED Aug. 15, 1958
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ACTUAL SIGNATURE H. F. McPherson	M.D. H. F. McPherson	PHYSICIAN'S NAME (Type) H. F. McPherson	Centreville MD
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22a. BURIAL, Cremation, Removal (Specify) BURIAL	22b. DATE THEREOF Aug. 14, 1958	22c. NAME OF CEMETERY OR Crematory Chesterfield Cemetery	22d. LOCATION (City, town or county) CENTREVILLE	(State) MARYLAND
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23. FUNERAL DIRECTOR'S SIGNATURE James H. Bentz, Jr. of Bentz Bros., Centreville, Maryland	ADDRESS Centreville, Maryland	24a. REGD BY REGISTRAR Aug 15 '58	24b. REGISTRAR'S SIGNATURE James S. Frame
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09456

9461

CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached and used as the burial-transit permit. Then please remove carbon. Pages 1 and 2 should be filed with the registrar prior to burial; removal, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY QUEEN ANNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CHURCH Hill		c. LENGTH OF STAY IN 1b MARYLAND	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CHURCH Hill	
d. STREET ADDRESS		d. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) VAN		First GASKEN	Middle CLARK
4. DATE OF DEATH AUG. 1		Month AUG.	Day 1
5. SEX MALE		6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Oct. 27-1902		9. AGE (in years last birthday) 55 yrs.	10. IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME OLIVER CLARK	
14. MOTHER'S MAIDEN NAME SALLY DULIN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Van Clark Church Hill Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Aug 1 , 1958, to Aug 1 , 1958, that I last saw the deceased alive on Aug 1 , 1958, and that death occurred at 6 AM , from the causes and on the date stated above. ACTUAL SIGNATURE H.F. McPherson		ADDRESS (Street, city or town, state) Centreville Md. DATE SIGNED 8/21/58	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF Aug. 4	
22c. NAME OF CEMETERY OR CREMATORIAL Chesterville		22d. LOCATION (City, town, or county) Centreville Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Edgar Lane		24a. REC'D BY REGISTRAR ADDRESS Church Hill Md.	
24b. REGISTRAR'S SIGNATURE Reed		DATE Aug 6 '58	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09457

Reg. Dist. No.

462

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE	
<i>Queen Anne's</i> MARYLAND		b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Centreville</i>		c. LENGTH OF STAY IN 1b <i>All life</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Centreville</i>	
d. STREET ADDRESS		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle
<i>Howard Embert Cook</i>			Last
4. DATE OF DEATH		Month	Day
<i>August 31, 1958</i>		Year	
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH
<i>Male</i>		<i>White</i>	<i>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Oct. 14 1895 62 yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<i>FARMER</i>		<i>Farm owner</i>	<i>Rural Centreville, Maryland</i>
12. CITIZEN OF WHAT COUNTRY?		<i>U.S.A.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>William Thomas Cook</i>		<i>Mary V. Embert</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT
<i>No</i>		<i>217-36-0327</i>	<i>William H. Cook, Centreville, Maryland</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>Found dead in kitchen & had</i>	
434.4 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		<i>been dead for 6 days — He had had</i>	
DUE TO (b)		<i>heart disease & short winded for some time</i>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		DATE SIGNED <i>9/5-58</i>	
ACTUAL SIGNATURE <i>W. Henry Fisher</i>		M. D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>W. Henry Fisher</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Sept. 6, 1958</i>	22c. NAME OF CEMETERY, OR CREMATORIAL <i>Chesterfield Cemetery</i>
22d. LOCATION (City, town, or county) <i>Centreville, Maryland</i>		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>James H. Butry, Jr. of Butry Bros., Centreville, Maryland</i>		24a. ADDRESS <i>ADDRESS</i>	24b. REC'D BY REGISTRAR DATE <i>SEP 8 1958</i>
		24b. REGISTRAR'S SIGNATURE <i>Arthur L. Fisher</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 or 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9463

09458

CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached and used as the burial-transit permit. Then please remove carbon copies. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.		b. COUNTY Queen Anne		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crumpton		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crumpton		d. STREET ADDRESS 1		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JOHN		First	Middle C.	Last	4. DATE OF DEATH August	Month	Day 9	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. AGE (In years 67 lost birthday) yrs.	9. IF UNDER 1 YEAR Months	10. IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Dixon				14. MOTHER'S MAIDEN NAME Anna Shahan				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 220-28-2197A		17. INFORMANT Mrs. Myrtle Dixon,		Address Crumpton, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 33IX DUE TO Cerebral hemorrhage INTERVAL BETWEEN Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) Hypertension - 7 days. (c) Atherosclerosis 3 years. 4-5 years.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) MILLINGTON, MD	(County)	(State)		
21. I certify that I attended the deceased from Nov 9, 1955, to Aug 9, 1958, that I last saw the deceased alive on Aug 6, 1958, and that death occurred at 74 M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>John Kowalewski</i> M.D. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) <i>GEO KOWALEWSKI</i> MILLINGTON, MD DATE SIGNED 2. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 13, 1958 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORIAL Millington Cem. 22d. LOCATION (City, town, or county) (State) Millington, Kent Co. Md.								
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Fellows, Millington, Md.</i> ADDRESS 24a. REC'D BY REGISTRAR DAUG 14 '58 24b. REGISTRAR'S SIGNATURE Arthur S. Knapp								

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9464

CERTIFICATE OF DEATH

Reg. Dist. No.

09459

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE	
Queen Anne's MARYLAND		Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural STEVENSVILLE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural STEVENSVILLE	
c. LENGTH OF STAY IN 1b 2 yrs.		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First R.		Middle Mildred	
Last Mitchell		Month August	Day 13
5. SEX		6. COLOR OR RACE	
Female		White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH	
WIDOWED <input type="checkbox"/>		Divorced <input type="checkbox"/>	
August 10, 1874		9. AGE (In years lost birthday) 84 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Queenstown, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Joseph Brown Mitchell		14. MOTHER'S MAIDEN NAME Georgia Emory	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
None		17. INFORMANT C. Mitchell Davidson, Stevensville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
170x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		2 years ago	
(b) DUE TO Metastases generalized in chest & abdomen		1 year	
(c) DUE TO cholecystectomy		8 years ago	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Mastectomy of breast Aug. 1957		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Aug. 12, 1958, to Aug. 13, 1958, that I last saw the deceased alive on Aug. 12, 1958, and that death occurred at 11:45 P.M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED	
ACTUAL SIGNATURE Theodor Sattelmair M.D.		Aug. 14, 1958	
PHYSICIAN'S NAME (Type)		Theodor SATTELMAIER M.D. STEVENSVILLE, Md.	
22a. BURIAL, Cremation, or Removal (Specify) Burial		22b. DATE THEREOF Aug. 16, 1958	
22c. NAME OF CEMETERY OR Crematory Old Wye Church		22d. LOCATION (City, town, or county) Wye Mills, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE John H. Beatty, of Baltimore, Maryland.		24a. REC'D BY REGISTRAR DATE AUG 18 '58	
ADDRESS		24b. REGISTRAR'S SIGNATURE Arthur S. Traub	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon copies. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9465

CERTIFICATE OF DEATH

Reg. Dist. No.

69460

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Stevensville</i>		c. LENGTH OF STAY IN 1b <i>8 yr.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>—</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Stevensville</i>	
3. NAME OF DECEASED (Type or print) <i>Frank</i>		d. STREET ADDRESS <i>—</i>	
4. DATE OF DEATH <i>August 3</i>	Month <i>1958</i>	Day <i>—</i>	Year <i>—</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 15, 1897</i>
9. AGE (In years last birthday) <i>61 yrs.</i>	10. IF UNDER 1 YEAR Months <i>—</i>	11. IF UNDER 24 HRS. Days <i>—</i>	12. IF UNDER 24 HRS. Hours <i>—</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dentist</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Dentistry</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Joseph Novak</i>	14. MOTHER'S MAIDEN NAME <i>Mary Hajek</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>—</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Donna Novak</i>	Address <i>Stevensville, Md.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchogenic Carcinoma</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH <i>8 mo.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i>—</i>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>	20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>—</i>	20f. (City or town) (County) (State) <i>—</i>
21. I certify that I attended the deceased from <i>July 1951</i> to <i>Aug 2 1958</i> , that I last saw the deceased alive on <i>Aug 2 1958</i> , and that death occurred at <i>7:30 A.M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>—</i>			
ACTUAL SIGNATURE <i>Irvin G. Hoyt</i>	PHYSICIAN'S NAME (Type) <i>Irvin G. Hoyt</i>	M.D. <i>—</i>	DATE SIGNED <i>8/3/58</i>
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Aug 5</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Stevensville</i>	22d. LOCATION (City, town, or county) <i>Stevensville, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar S. Lane</i>	ADDRESS <i>Church Hill</i>	24a. REC'D BY REGISTRAR DATE <i>AUG 6 '58</i>	24b. REGISTRAR'S SIGNATURE <i>W. L. Eddick</i>

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1, 2, and 4 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9466 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 09461

M oo I		1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u> c. LENGTH OF STAY IN 1b <u>6 wks</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)										2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Centreville</u> d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		3. NAME OF DECEASED (Type or print) <u>Norman</u> First <u>Rate</u> Middle <u>Lost</u> 4. DATE OF DEATH <u>August 28, 1958</u> Month <u>Day</u> <u>Year</u> 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <u>JAN 16, 1910</u> 8. DATE OF BIRTH 9. AGE (In years last birthday) <u>48</u> yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK - Bookkeeper</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Equipment Co.</u> 11. BIRTHPLACE (State or foreign country) <u>Mount Vernon, Illinois</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> 13. FATHER'S NAME <u>John Griffith Rate</u> 14. MOTHER'S MAIDEN NAME <u>Mary Emma McClean</u> 15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>YES</u> 16. SOCIAL SECURITY NO. <u>346-07-1721</u> 17. INFORMANT <u>Mrs Lola Rate - wife. Centreville, Md.</u> 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> ACTUAL SIGNATURE <u>W. Henry Fisher</u> DATE SIGNED <u>8/30/58</u> EXAMINER'S NAME (Type) <u>W. Henry Fisher</u> M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> 22a. BURIAL, Cremation, Removal (Specify) <u>Burial</u> 22b. DATE THEREOF <u>Aug. 1958</u> 22c. NAME OF CEMETERY OR CREMATORIUM <u>Chesterfield Cemetery</u> 22d. LOCATION (City, town, or county) <u>Centreville, Maryland</u> (State) 23. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Bentz, Jr. of Bentz Bros. Centreville, Md.</u> ADDRESS <u>100 Main Street, Centreville, Maryland</u> 24a. REC'D BY REGISTRAR DATE <u>SEP 3 '58</u> 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>													

ST. JEROME - HANCOCK STATE COMMUNITY
HIGH SCHOOL STATIONARY PAPERMAKING

1911-1912

1911-1912
ST. JEROME HIGH SCHOOL
HIGH SCHOOL STATIONARY PAPERMAKING

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HIGH SCHOOL STATIONARY PAPERMAKING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3467

CERTIFICATE OF DEATH

Reg. Dist. No.

09462

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached and used as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of death.

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.		b. COUNTY Queen Anne		
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) Rural Millington		c. LENGTH OF STAY IN 1b 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) DAVID		First	Middle	Lost	4. DATE OF DEATH August 30, 1958	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1892	9. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
WIDOWED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration Engineer		10b. KIND OF BUSINESS OR INDUSTRY Retired Ref. Eng.		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles G. Waddell		14. MOTHER'S MAIDEN NAME Martha Standard						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 148-01-922		17. INFORMANT David F. Waddell, Jr.		Address Millington, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 322.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)				Date of admission Aug 29, 1958		INTERVAL BETWEEN ONSET AND DEATH		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Crumpton, Cem.		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from <u>Aug 29, 1958</u> to <u>Aug 30, 1958</u> , that I last saw the deceased alive on <u>Aug 29, 1958</u> , and that death occurred at <u>3 A.M.</u> from the causes and on the date stated above. ACTUAL SIGNATURE Physician's Name (Type) Burial				ADDRESS (Street, city or town, state) Crumpton, Md.		DATE SIGNED F. G. Waddell, Aug 30, 1958		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Sept. 1, 1958		22c. NAME OF CEMETERY OR CREMATORIAL Crumpton, Cem.		22d. LOCATION (City, town, or county) (State) Crumpton, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Edward Fellows, Millington, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE SEP 3 '58		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9468

CERTIFICATE OF DEATH

Reg. Dist. No.

09463

1. PLACE OF DEATH a. COUNTY <i>QUEEN ANNE</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MD.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>PONDSTOWN</i>		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>PONDSTOWN - RURAL CHESTERTOWN</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <i></i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>JOHN</i>		First	Middle
4. DATE OF DEATH <i>AUGUST 11, 1958</i>		Month	Day
5. SEX <i>M.</i>		6. COLOR OR RACE <i>COLORED</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <i>AUG 11 1882</i>		9. AGE (In years last birthday) yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARM</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARM</i>	
11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>GEORGE WASHINGTON</i>		14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>EMMA WASHINGTON, CHESTERTOWN</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <i>420.0</i> <i>Gen. Arterio Sclerosis</i> DUE TO (b) <i>Cardiac Asthma</i> DUE TO (c) <i>Unknown</i>	
		INTERVAL BETWEEN ONSET AND DEATH <i>Several years</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>None</i>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i>None</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>None</i> 19 p. m. <i>None</i>		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>None</i>		20f. (City or town) <i>None</i>	
(County) <i></i>		(State) <i></i>	
21. I certify that I attended the deceased from <i>Aug 2</i> , 1958 to <i>Aug 11</i> , 1958 that I last saw the deceased alive on <i>Aug 2</i> , 1958, and that death occurred at <i>5:30 PM</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>H. H. Hamilton</i> PHYSICIAN'S NAME (Type) <i>H. H. HAMILTON</i>		ADDRESS (Street, city or town, state) <i>M.D. Middletown Md.</i>	
DATE SIGNED <i>8/13/58</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>8/14/58</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>BETHEL Cem.</i>		22d. LOCATION (City, town, or county) <i>PONDSTOWN</i>	
(State) <i>MD.</i>			
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward H. Lewis, Middletown, Md.</i>		24a. REC'D BY REGISTRAR <i>JUG 15 '58</i>	
ADDRESS <i>Arbogast & Sons</i>		24b. REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached and use as the burial-transit permit. Then please remove carbon. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon copies. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9469

CERTIFICATE OF DEATH

Reg. Dist. No.

09464

1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MD</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION _____		d. STREET ADDRESS _____	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Bru Burton</i>		First <i>Bru</i>	Middle <i>Burton</i>
4. DATE OF DEATH Month <i>8</i>		Day <i>30</i>	Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8/10/78</i>
9. AGE (in years last birthday) <i>80</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>
13. FATHER'S NAME <i>Unknown</i>	14. MOTHER'S MAIDEN NAME <i>Mary Ellen Wilson</i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>XX</i>	
16. SOCIAL SECURITY NO. <i>XX-XX-XX</i>	17. INFORMANT <i>Mrs. Carrie Morris, Chesterland</i>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>151X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year <i>19</i>	20d. INJURY OCCURRED While of work <input type="checkbox"/> At work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>May</i> , 1958, to <i>Aug</i> , 1958, that I last saw the deceased alive on <i>Aug 25, 1958</i> , and that death occurred at <i>7:30 A.M.</i> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Irvin S. Hoyt</i>	PHYSICIAN'S NAME (Type) <i>Irvin S. Hoyt MD</i>	ADDRESS (Street, city or town, state) <i>Gloucester, Md.</i>	
DATE SIGNED <i>9/2/58</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>9/3/58</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Chesterlein</i>	22d. LOCATION (City, town, or county) <i>Charlottesville, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>James B. Daniels, Easton, Md.</i>		24a. REC'D BY REGISTRAR <i>SEPS 3 1958</i>	24b. REGISTRAR'S SIGNATURE <i>Arthur S. Haas</i>

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